

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
10-640854

APPLICATION AS FILED - PART I

SMALL ENTITY

Application or Docket Number
10-640-854

**OTHER THAN
SMALL ENTITY**

(COLUMN 1)			LARGE ENTITY		SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(e), (b), or (c))						
SEARCH FEE (37 CFR 1.16(k), (l), or (m))						
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))						
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	*	X =		X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X =		X =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
			TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter :0: in column 2.

TOTAL

TOTAL

APPLICATION AS AMENDED – PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY OR OTHER THAN SMALL ENTITY		
	10.6.03	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)		ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	20	Minus	20	= —	X		=	
	Independent (37 CFR 1.16(h))	2	Minus	3	=	X		=	
	Application Size Fee (37 CFR 1.16(s))								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL ADD'L FEE	TOTAL ADD'L FEE

TOTAL
ADDRESS

AL

		(Column 1)		(Column 2)		(Column 3)		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(l))	*	Minus	**	=	X	=	
	Independent (37 CFR 1.16(h))	*	Minus	***	=	X	=	
	Application Size Fee (37 CFR 1.16(s))							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	
OR								
OR								
OR								
OR								
OR								
TOTAL ADD'L FEE								

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter: 20**

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Index) IN THIS SPACE

This collection of information is required by 37 CFR 1.16. The _____ is the highest number found in the appropriate box in column 1.

ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-BTO-8100 and ask for ext. 3.